

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 47 (2026)

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u> </u> (Y/N)
ADOPTED AS AMENDED	<u> </u> (Y/N)
ADOPTED W/O OBJECTION	<u> </u> (Y/N)
FAILED TO ADOPT	<u> </u> (Y/N)
WITHDRAWN	<u> </u> (Y/N)
OTHER	<u> </u>

1 Committee/Subcommittee hearing bill: Human Services

2 Subcommittee

3 Representative Bartleman offered the following:

4

5 **Amendment**

6 Remove everything after the enacting clause and insert:

7 **Section 1. Paragraph (a) of subsection (2), paragraph (a)**
8 **of subsection (5), and paragraph (c) of subsection (14) of**
9 **section 39.301, Florida Statutes, are amended to read:**

10 39.301 Initiation of protective investigations.—

11 (2) (a) The department shall immediately forward
12 allegations of criminal conduct to the municipal or county law
13 enforcement agency of the municipality or county in which the
14 alleged conduct has occurred. However, the department may delay
15 forwarding allegations of criminal conduct to the appropriate
16 law enforcement agency if the parent or legal custodian:

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17 1. Has alleged that the child has a preexisting diagnosis
18 specified in s. 39.303(4)(b); or
19 2. Is requesting that the child have an examination under
20 s. 39.304(1)(c).

21

22 Allegations of criminal conduct which are not immediately
23 forwarded to the law enforcement agency pursuant to subparagraph
24 1. or subparagraph 2. must be immediately forwarded to the law
25 enforcement agency upon completion of the investigation under
26 this part if criminal conduct is still alleged.

27 (5)(a) Upon commencing an investigation under this part,
28 the child protective investigator shall inform any subject of
29 the investigation of the following:

30 1. The names of the investigators and identifying
31 credentials from the department.

32 2. The purpose of the investigation.

33 3. The right to obtain his or her own attorney and ways
34 that the information provided by the subject may be used.

35 4. The possible outcomes and services of the department's
36 response.

37 5. The right of the parent or legal custodian to be
38 engaged to the fullest extent possible in determining the nature
39 of the allegation and the nature of any identified problem and
40 the remedy.

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41 6. The duty of the parent or legal custodian to report any
42 change in the residence or location of the child to the
43 investigator and that the duty to report continues until the
44 investigation is closed.

45 7. The duty of the parent or legal custodian to
46 immediately report any preexisting diagnosis for the child
47 specified in s. 39.303(4)(b) and to provide medical records that
48 support that diagnosis to the department within 15 days of being
49 informed of this duty.

50 (14)

51 (c) The department, in consultation with the judiciary,
52 shall adopt by rule:

53 1. Criteria that are factors requiring that the department
54 take the child into custody, petition the court as provided in
55 this chapter, or, if the child is not taken into custody or a
56 petition is not filed with the court, conduct an administrative
57 review. Such factors must include, but are not limited to,
58 noncompliance with a safety plan or the case plan developed by
59 the department, and the family under this chapter, and prior
60 abuse reports with findings that involve the child, the child's
61 sibling, or the child's caregiver.

62 2. Requirements that if after an administrative review the
63 department determines not to take the child into custody or
64 petition the court, the department shall document the reason for
65 its decision in writing and include it in the investigative

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66 file. For all cases that were accepted by the local law
67 enforcement agency for criminal investigation pursuant to
68 subsection (2), the department must include in the file written
69 documentation that the administrative review included input from
70 law enforcement. In addition, for all cases that must be
71 referred to Child Protection Teams pursuant to s. 39.303(5) and
72 (6) ~~s. 39.303(4) and (5)~~, the file must include written
73 documentation that the administrative review included the
74 results of the team's evaluation.

75 **Section 2. Present subsections (4) through (10) of section**
76 **39.303, Florida Statutes, are redesignated as subsections (5)**
77 **through (11), respectively, a new subsection (4) is added to**
78 **that section, and subsection (3) and present subsections (5) and**
79 **(6) of that section are amended, to read:**

80 39.303 Child Protection Teams and sexual abuse treatment
81 programs; services; eligible cases.—

82 (3) The Department of Health shall use and convene the
83 Child Protection Teams to supplement the assessment and
84 protective supervision activities of the family safety and
85 preservation program of the Department of Children and Families.
86 This section does not remove or reduce the duty and
87 responsibility of any person to report pursuant to this chapter
88 all suspected or actual cases of child abuse, abandonment, or
89 neglect or sexual abuse of a child. The role of the Child
90 Protection Teams is to support activities of the program and to

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provide services deemed by the Child Protection Teams to be necessary and appropriate to abused, abandoned, and neglected children upon referral. The specialized diagnostic assessment, evaluation, coordination, consultation, and other supportive services that a Child Protection Team must be capable of providing include, but are not limited to, the following:

(a) Medical diagnosis and evaluation services, including provision or interpretation of X rays and laboratory tests, and related services, as needed, and documentation of related findings.

(b) Telephone consultation services in emergencies and in other situations.

(c) Medical evaluation related to abuse, abandonment, or neglect, as defined by policy or rule of the Department of Health.

(d) Such psychological and psychiatric diagnosis and evaluation services for the child or the child's parent or parents, legal custodian or custodians, or other caregivers, or any other individual involved in a child abuse, abandonment, or neglect case, as the team may determine to be needed.

(e) Expert medical, psychological, and related professional testimony in court cases.

(f) Case staffings to develop treatment plans for children whose cases have been referred to the team. A Child Protection Team may provide consultation with respect to a child who is

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116 alleged or is shown to be abused, abandoned, or neglected, which
117 consultation shall be provided at the request of a
118 representative of the family safety and preservation program or
119 at the request of any other professional involved with a child
120 or the child's parent or parents, legal custodian or custodians,
121 or other caregivers. In every such Child Protection Team case
122 staffing, consultation, or staff activity involving a child, a
123 family safety and preservation program representative shall
124 attend and participate.

125 (g) Case service coordination and assistance, including
126 the location of services available from other public and private
127 agencies in the community.

128 (h) Such training services for program and other employees
129 of the Department of Children and Families, employees of the
130 Department of Health, and other medical professionals as is
131 deemed appropriate to enable them to develop and maintain their
132 professional skills and abilities in handling child abuse,
133 abandonment, and neglect cases. The training service must
134 include training in the recognition of and appropriate responses
135 to head trauma and brain injury in a child under 6 years of age
136 as required by ss. 402.402(2) and 409.988.

137 (i) Educational and community awareness campaigns on child
138 abuse, abandonment, and neglect in an effort to enable citizens
139 more successfully to prevent, identify, and treat child abuse,
140 abandonment, and neglect in the community.

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(j) Child Protection Team assessments that include, as appropriate, medical evaluations, medical consultations, family psychosocial interviews, specialized clinical interviews, or forensic interviews.

A Child Protection Team that is evaluating a report of medical neglect and assessing the health care needs of a medically complex child shall consult with a physician who has experience in treating children with the same condition.

(4) A Child Protection Team shall consult with a physician licensed under chapter 458 or chapter 459, or an advanced practice registered nurse licensed under chapter 464, who has experience in and routinely provides medical care to pediatric patients when evaluating a child with a reported preexisting diagnosis of any of the following:

(a) Rickets.

(b) Ehlers-Danlos syndrome.

(c) Osteogenesis imperfecta.

(d) Vitamin D deficiency.

(6)-(5) All abuse and neglect cases transmitted for investigation to a circuit by the hotline must be simultaneously transmitted to the Child Protection Team for review. For the purpose of determining whether a face-to-face medical evaluation by a Child Protection Team is necessary, all cases transmitted

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165 to the Child Protection Team which meet the criteria in
166 subsection (5) ~~(4)~~ must be timely reviewed by:

167 (a) A physician licensed under chapter 458 or chapter 459
168 who holds board certification in pediatrics and is a member of a
169 Child Protection Team;

170 (b) A physician licensed under chapter 458 or chapter 459
171 who holds board certification in a specialty other than
172 pediatrics, who may complete the review only when working under
173 the direction of the Child Protection Team medical director or a
174 physician licensed under chapter 458 or chapter 459 who holds
175 board certification in pediatrics and is a member of a Child
176 Protection Team;

177 (c) An advanced practice registered nurse licensed under
178 chapter 464 who has a specialty in pediatrics or family medicine
179 and is a member of a Child Protection Team;

180 (d) A physician assistant licensed under chapter 458 or
181 chapter 459, who may complete the review only when working under
182 the supervision of the Child Protection Team medical director or
183 a physician licensed under chapter 458 or chapter 459 who holds
184 board certification in pediatrics and is a member of a Child
185 Protection Team; or

186 (e) A registered nurse licensed under chapter 464, who may
187 complete the review only when working under the direct
188 supervision of the Child Protection Team medical director or a
189 physician licensed under chapter 458 or chapter 459 who holds

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190 board certification in pediatrics and is a member of a Child
191 Protection Team.

192 (7)-(6) A face-to-face medical evaluation by a Child
193 Protection Team is not necessary when:

194 (a) The child was examined for the alleged abuse or
195 neglect by a physician who is not a member of the Child
196 Protection Team, and a consultation between the Child Protection
197 Team medical director or a Child Protection Team board-certified
198 pediatrician, advanced practice registered nurse, physician
199 assistant working under the supervision of a Child Protection
200 Team medical director or a Child Protection Team board-certified
201 pediatrician, or registered nurse working under the direct
202 supervision of a Child Protection Team medical director or a
203 Child Protection Team board-certified pediatrician, and the
204 examining physician concludes that a further medical evaluation
205 is unnecessary;

206 (b) The child protective investigator, with supervisory
207 approval, has determined, after conducting a child safety
208 assessment, that there are no indications of injuries as
209 described in paragraphs (5)(a)-(h) ~~(4)(a)-(h)~~ as reported; or

210 (c) The Child Protection Team medical director or a Child
211 Protection Team board-certified pediatrician, as authorized in
212 subsection (6) ~~(5)~~, determines that a medical evaluation is not
213 required.

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215 Notwithstanding paragraphs (a), (b), and (c), a Child Protection
216 Team medical director or a Child Protection Team pediatrician,
217 as authorized in subsection (6) ~~(5)~~, may determine that a face-
218 to-face medical evaluation is necessary.

219 **Section 3. Paragraphs (c), (d), and (e) are added to
220 subsection (1) of section 39.304, Florida Statutes, to read:**

221 39.304 Photographs, medical examinations, X rays, and
222 medical treatment of abused, abandoned, or neglected child.—

223 (1)

224 (c) If an examination is performed on a child under
225 paragraph (b), other than an examination for purposes of
226 determining whether a child has been sexually abused, the parent
227 or legal custodian of the child who is the subject of a
228 protective investigation, or a shelter order, may request of the
229 department, no later than 5 days after such medical examination,
230 that the child be examined:

231 1. By a Child Protection Team, if the medical examination
232 pursuant to paragraph (b) was not performed by a Child
233 Protection Team;

234 2. By a physician licensed under chapter 458 or chapter
235 or an advanced practice registered nurse licensed under chapter
236 464 of the parent's or legal custodian's choosing who routinely
237 provides medical care to pediatric patients, if the medical
238 examination pursuant to paragraph (b) was performed by a Child

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239 Protection Team, for the purpose of obtaining a second opinion
240 on diagnosis or treatment; or

241 3. By a physician licensed under chapter 458 or chapter 459
242 or an advanced practice registered nurse licensed under chapter
243 464 of the parent's or legal custodian's choosing, who routinely
244 provides diagnosis of and medical care to pediatric patients for
245 the conditions specified in s. 39.303(4)(b), to compile a
246 differential diagnosis.

247

248 The cost of an examination under subparagraph 2. or subparagraph
249 3. must be borne by the parent or legal custodian, including
250 through their health care coverage, if applicable.

251 (d) For all medical examinations performed pursuant to
252 paragraph (c), the physician or advanced practice registered
253 nurse shall submit, to the department and to the parent or legal
254 custodian, a written report which details the findings and
255 conclusions of the medical examination no later than 5 days
256 after the examination.

257 (e) If the findings and conclusions of the medical
258 examination conducted under paragraph (b) and the examination
259 conducted under paragraph (c) differ, the department must
260 immediately convene a case staffing to reach a consensus
261 regarding the differences in medical opinions. The case staffing
262 shall include the child protective investigator, investigator
263 supervisor, department legal staff, representatives from a Child

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264 Protection Team, the community-based care lead agency, and, if
265 possible, the practitioner providing the examination under
266 paragraph (c), any prior health care practitioners who treated
267 the child, and any health care practitioners currently treating
268 the child.

269 **Section 4.** This act shall take effect July 1, 2026.